

USPS TRACKING#



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 5038 9092 0799 52

**United States
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box •

Joseph A. Salmon, Jr.
P.O. Box 1434
Danville Va. 24043-
1434



SENDER: COM

- Complete item
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Const, tvent Srvices
Administrator
Office of Attorney
202 North North Street
Richmond, Va. 23219



9590 9402 5038 9092 0799 52

2. Article Number (Transfer from service label)

7020 0640 0000 3952 7184

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

X

B. Received by (Printed Name)

☐ Agent

☐ Addressee

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

OFFICE OF THE ATTORNEY GENERAL
ADMINISTRATION DIVISION

General

OFFICE OF THE ATTORNEY GENERAL
ADMINISTRATION DIVISION

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over \$500)